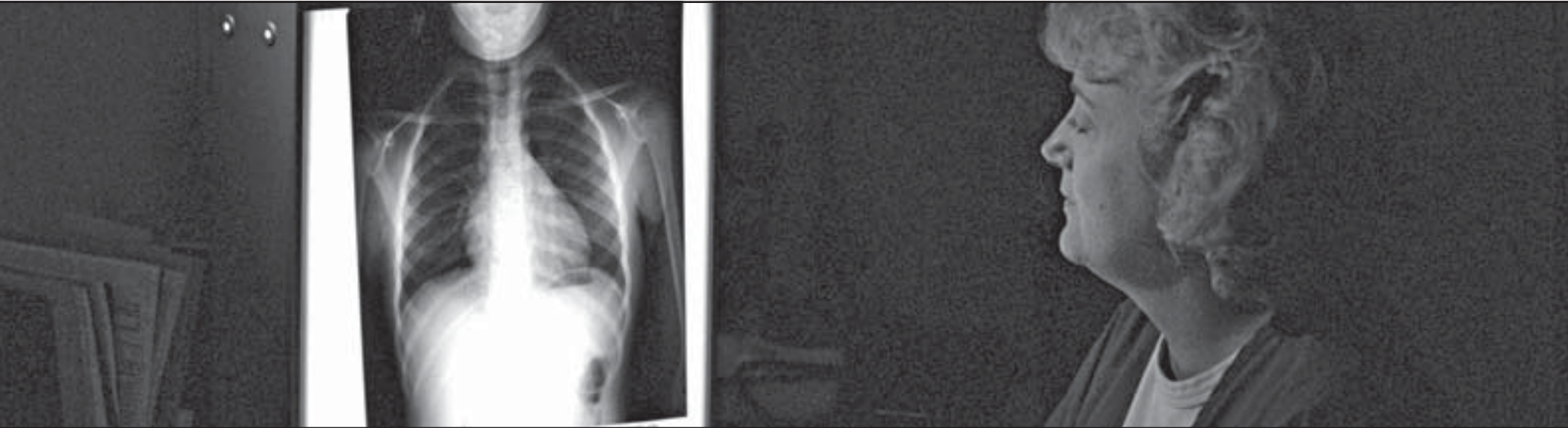


# CHAPTER 2

# HEALTH



## *Improve Health for All and Eliminate Health Disparities*

Cardiovascular Disease • Cancer  
Diabetes • HIV/AIDS  
Infant Mortality • Immunization

*Ongoing Challenges, New Approaches*  
Obesity • HIV Testing

## *Assure Children and Adolescents are Healthy*

Pregnancy Planning • Teen Pregnancy  
Prenatal Care • Infant Mortality  
Prematurity • Newborn Screening  
Postpartum Newborn Home Visits  
Immunization • Unintentional Injuries

*Ongoing Challenges, New Approaches*  
Family Medical and  
Dental Home Needs

## *Increase the Quality and Years of Healthy Life for Seniors*

Preventive Health  
Growth of Senior Population  
Long-Term Care • Arthritis  
Influenza • Cardiovascular Disease  
Diabetes • Cancer • Falls • Suicide

*Ongoing Challenges, New Approaches*  
Healthy Aging • Institutional Alternatives



South Carolinians enjoy better health and quality of life today because of advances in both technology and our understanding of how our environment and lifestyle behavior throughout the lifespan contribute to our overall well-being. We celebrate our children's health this year with continued high immunization rates, fewer infant deaths and expanded newborn screenings to detect and treat genetic conditions earlier. Our senior population continues to grow and faces its own unique challenges, among them ways to maintain more years of a quality life outside of institutions. Yet when certain segments of our population suffer greater burdens of disease and death, the whole population suffers. This "disparity gap," the difference between the incidence or prevalence of a condition among two or more groups, is a particular concern in South Carolina, where blacks face disparate rates of infant deaths, HIV/AIDS, cardiovascular disease and diabetes, to name a few. Partnering with communities to address their specific health issues in all age and race/ethnic groups can significantly improve the health status of South Carolina.

# HEALTH

## GOAL

*Improve Health for All and Eliminate Health Disparities*

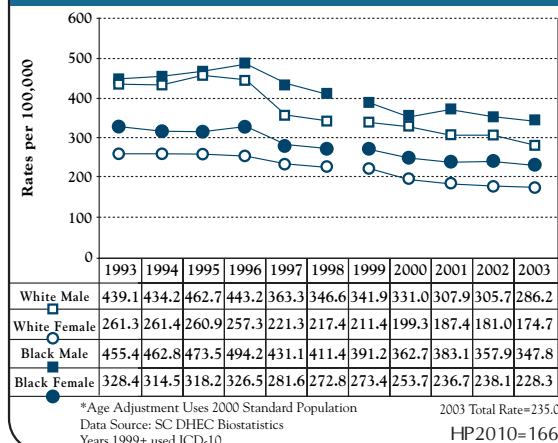
### CARDIOVASCULAR DISEASE (CVD) REMAINS SOUTH CAROLINA'S LEADING CAUSE OF DEATH

**Coronary heart disease** and **stroke** are the principal components of cardiovascular diseases. In South Carolina, heart disease and stroke are the first and third leading causes of death, accounting for one-third of the deaths reported in 2003. CVD hospitalizations, emergency room visits and deaths are even more prevalent among blacks, the underserved and rural residents. Black men are more than twice as likely to die of CVD, while black women have 50 percent more strokes than white women. At a rate of 90 percent higher than that of white men, black men have the highest stroke death rate. South Carolina's age-adjusted death rates for heart disease (235 deaths per 100,000) and stroke (68.8 deaths per 100,000) in 2003 exceed the Healthy People 2010 goals of no more than 166 and 48 deaths, respectively, per 100,000.

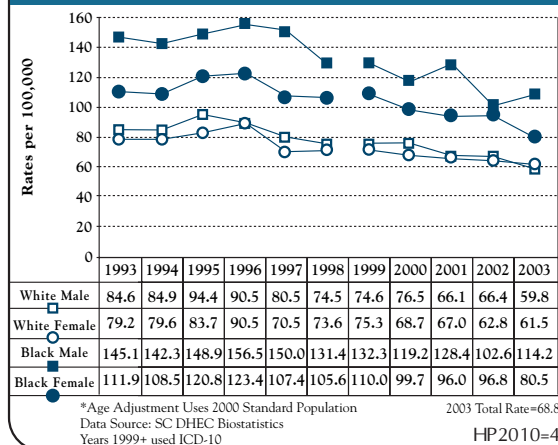
In partnership with a variety of health, business and community leaders, DHEC has developed and implemented a statewide plan to reduce the toll that CVD takes on South Carolina residents and improve overall cardiovascular health. The plan identifies African-Americans as a priority population and uses health promotion efforts targeting communities, work sites, schools, faith communities and health care systems. For more information on the state plan, see page 7.

► <http://www.scdhec.gov/cvh>

#### S.C. Heart Disease Death Rates\*



#### S.C. Stroke Death Rates\*

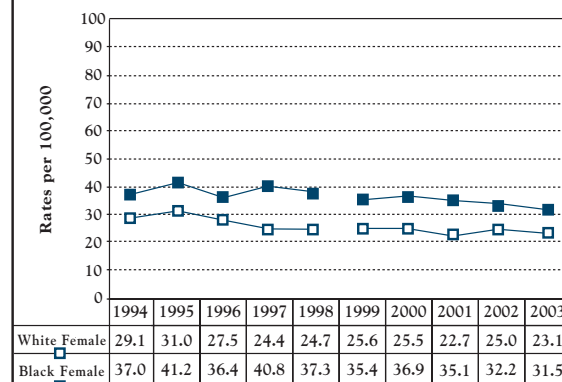


## MORE AFRICAN-AMERICANS SUFFER FROM THREE CANCERS

**Breast cancer** is the most commonly diagnosed cancer among women in South Carolina, regardless of race, accounting for more than 30 percent of all female cancer cases. While white women are more often diagnosed with breast cancer, more black women are diagnosed at later stages, resulting in increased death rates. While breast cancer deaths have declined since 1990 among white and black women, a disparity in the death rates continues.

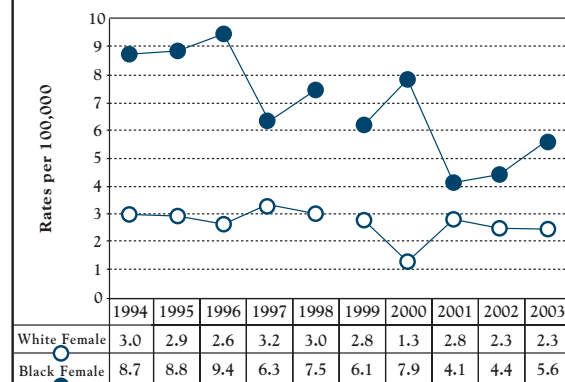
From 1997 through 2001, South Carolina's cervical cancer death rate of 3.6 per 100,000 is higher than the U.S. rate of 2.9 per 100,000, the most current five-year U.S. rate available. A higher percentage of black women were diagnosed with late stage cervical cancer than were white women (39.5 percent and 28.5 percent, respectively). South Carolina's cervical cancer death rate has declined over the past decade. Even though the rates among black women are

### S.C. Breast Cancer Death Rates\*

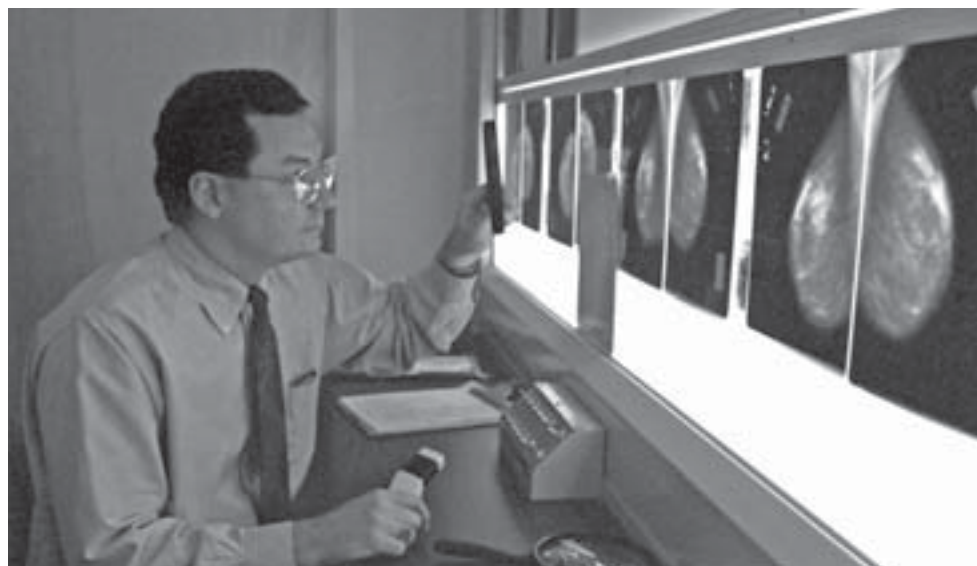


\* Age Adjustments Use 2 Standard Population  
Data Source: SC DHEC PHSIS-SCCCR  
Years 1999+ used ICD-1

### S.C. Cervical Cancer Death Rates\*



\* Age Adjustments Use 2 Standard Population  
Data Source: SC DHEC PHSIS-SCCCR  
Rates calculated using small numbers are unreliable and should be used cautiously  
Years 1999+ used ICD-1



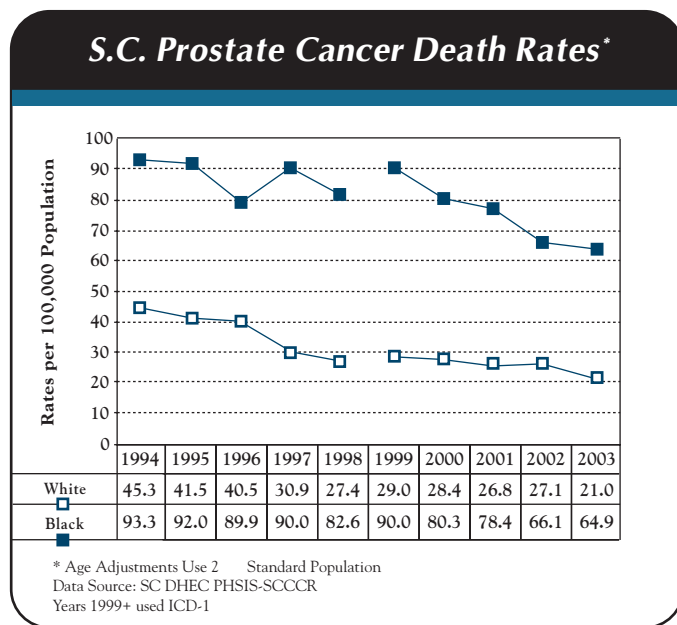


# HEALTH

decreasing, disparities continue to persist. Black women are more than twice as likely to die from cervical cancer as white women.

Both breast and **cervical cancer** can be diagnosed early, reducing deaths. DHEC's Best Chance Network (BCN) provides breast and cervical cancer screening for low-income women ages 47-64 through a network of physicians and clinics. Regular Pap tests will help detect pre-cancerous conditions before cervical cancer develops. In 2003, BCN screened more than 7,800 women.

In South Carolina, regardless of race, **prostate cancer** is the most commonly diagnosed cancer among men, accounting for 30 percent of all male cancer cases. From 1997 through 2001, South Carolina's death rate of 40.7 per 100,000 is almost 30 percent higher than the U.S. rate of 31.5 per 100,000, the most current five-year rate available for the nation.



During this same time period, a higher percentage of ethnic minority men were also diagnosed with late stage prostate cancer than were white men (18.4 percent and 14.1 percent, respectively). The likelihood of survival is lower when prostate cancer is diagnosed at a later stage when it has spread to the lymph nodes or to other parts of the body. Early detection will help diagnose prostate cancer at earlier stages when treatment is more effective and successful.



Prostate cancer death rates have been decreasing among both white and black men. Disparities continue to exist, however. Three times more black men die of prostate cancer than white men.

DHEC, in partnership with community agencies and churches, has been coordinating a prostate cancer education and screening program, Real Men Checkin' It Out, targeting African-American males. Education materials are distributed through barbershops, places of worship, funeral homes, car repair shops and other places where men are likely to be found. Prostate screening and follow-up are also arranged through local physicians and hospitals. For information on cancer among seniors, see pages 41 and 66-68.

► <http://www.scdhec.gov/omh>

► <http://www.scdhec.gov/cancer>

► Irene Prabhu Das: [prabhudi@dhec.sc.gov](mailto:prabhudi@dhec.sc.gov) • (803) 545-4103

► Gardenia Ruff: [ruffgb@dhec.sc.gov](mailto:ruffgb@dhec.sc.gov) • (803) 898-3808

## DIABETES CONTINUES TO RISE

**Diabetes** is the sixth leading cause of death in South Carolina, claiming 1,161 lives in 2003. Diabetes has an immense impact on public health and medical care because it increases an individual's risk for blindness, lower extremity amputation, kidney failure, nerve disease, hypertension, ischemic heart disease and stroke.

The overall prevalence of diabetes has increased during the past 16 years, from 5.6 percent in 1988 to 9.3 percent in 2003 among adult residents of South Carolina. It increased persistently from 1997 to 2001, with the most dramatic increase (130 percent) among black men. The 2003 statewide prevalence rate among blacks was 15.5 percent and 9.9 percent among Hispanics, compared with 7.3 percent among white South Carolinians. However, the racial disparity is narrowing, not because of an improvement in minority rates, but rather because of an increase in diabetes among the white population.

More than 600,000 South Carolinians are affected by diabetes, many of whom are undiagnosed. One of every seven patients in a South Carolina hospital has diabetes. The complications of diabetes can be prevented or delayed through improved blood sugar, blood pressure and cholesterol control, healthy eating, increased physical activity and proper foot care through daily foot checks and an annual examination by a health professional. The total direct and indirect costs of hospitalizations and emergency room visits for diabetes in South Carolina were more than \$928 million in 2001, the most current year available.



## PERSONAL RESPONSIBILITY FOR HEALTH IMPORTANT TO CANCER SURVIVAL

Early detection of certain forms of cancer is the best way to survive cancer. Following screening recommendations for early detection of cancer can improve cancer survivorship. Screening techniques can help diagnose specific types of cancer early and prevent unnecessary deaths.

In addition to screening services for breast cancer, women should have regular **Pap tests**. A Pap test is an easy procedure to diagnose cervical cancer early, or even before cancer develops. Women ages 47-64 with no, or limited, health insurance may qualify for free breast and cervical screening services provided through the Best Chance Network.

Older men should have a **PSA** blood test and an annual prostate exam to detect prostate cancer early. The American Cancer Society recommends yearly testing for men ages 50 or older. Black men and men with a family history should have a yearly exam beginning at age 45.

Several screening techniques can diagnose colon cancer early. It is the third most common type of cancer diagnosed. The rate of survival for colon cancer is high when it is diagnosed in the early stages. The following screening techniques are recommended for adults 50 years and older: fecal occult blood test yearly, flexible sigmoidoscopy every five years, yearly fecal occult blood test plus flexible sigmoidoscopy every five years, double-contrast barium enema every five years, and colonoscopy every 10 years.

Screening recommendations do not apply to all individuals. South Carolina residents with a family history of cancer or personal history of risk factors or earlier cancers might need to follow earlier screening patterns. The best way to ensure proper screening is to talk with a doctor.

Division of Cancer Prevention and Control

► <http://www.scdhec.gov/cancer>

► Irene Prabhu Das: [prabhudi@dhec.sc.gov](mailto:prabhudi@dhec.sc.gov) • (803) 545-4103

Best Chance Network

► <http://www.scdhec.gov/cancer>

# HEALTH

DHEC's Diabetes Prevention and Control Program is funded by the Centers for Disease Control and Prevention (CDC) to prevent diabetes, improve diabetes care and reduce health disparities related to diabetes in South Carolina. For more on the program, see page 9. For information on diabetes in the senior population, see pages 40 and 67.

► <http://www.scdhec.gov/diabetes>

► Rhonda Hill: [hillrd@dhec.sc.gov](mailto:hillrd@dhec.sc.gov) • (803) 545-4469

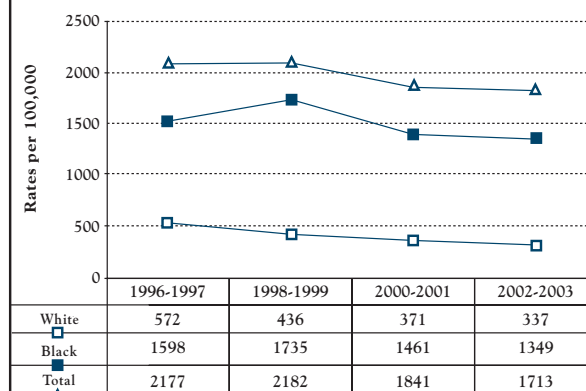
## HIV/AIDS AFFECTS MORE SOUTHERNERS, AFRICAN-AMERICANS

According to recent CDC **HIV/AIDS** surveillance data, the South comprises an increasing share of the estimated number of new AIDS cases diagnosed each year compared with the rest of the U.S. The South has the highest number of AIDS cases among women in the country. The number of people living with HIV, including AIDS, continues to increase steadily in South Carolina. As of December 2003, there were more than 13,200 people living with HIV/AIDS. More than 880 persons are newly diagnosed with HIV (including AIDS cases) each year. New HIV treatments and strengthened HIV care services have contributed to a 55 percent decrease in deaths due to HIV/AIDS between 1994 and 2002.

Statistics show that black men and women suffer a greater burden of the disease than whites, creating a "disparity gap" measured by the difference between the rates among whites and blacks. Certain age groups also experience higher incidence of the disease. Currently in South Carolina:

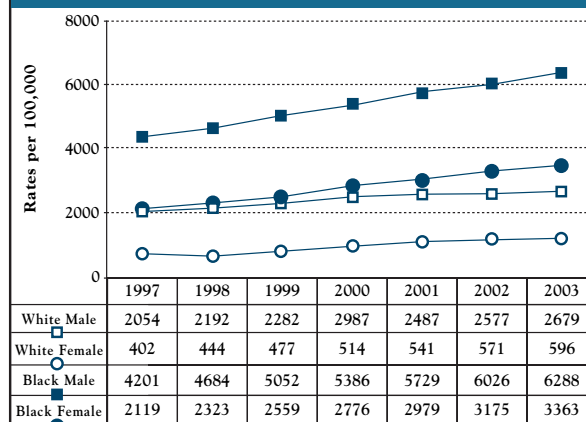
- Blacks account for 30 percent of the state's population yet 77 percent of the HIV/AIDS cases recently diagnosed in South Carolina. Three percent of new cases are Hispanic/Latino.

**S.C. New HIV/AIDS Case Rates Per 100,000 Population, by Race**



Data Source: SC DHEC HIV/AIDS Surveillance

**S.C. Number of Persons Living With HIV/AIDS by Race/Gender**



Data Source: SC DHEC HIV/AIDS Surveillance

- Black men and women have been hardest hit by the epidemic. More than seven of every 10 men becoming infected are black (73 percent), and more than eight of every 10 women diagnosed (83 percent) are black.
- Black women account for a steadily increasing proportion of new HIV/AIDS cases, representing 30 percent of new cases diagnosed in 2003 (vs. 20 percent in 1990).
- Youth and young adults of all races 13-24 years accounted for 15 percent of the new HIV/AIDS diagnosed in South Carolina.
- The rate of persons living with HIV/AIDS per 100,000 in 2003 was five times higher for black males than for white males and 12 times higher for black females than for white females.
- Most of the more than 13,200 people living with HIV in South Carolina are ages 20-39 (9,062), and 709 are children and teenagers under 20 years.

► <http://www.scdhec.gov/stdhiv>

## INFANTS CONTINUE TO DIE AT DISPARATE RATES

**Infant mortality** is one of the six priority health disparity areas in South Carolina and should be included in any health disparity effort. The infant death rate for blacks in South Carolina (13.0 deaths per 1,000 live births in 2003) is more than twice that of whites (5.9 deaths per 1,000 live births). The percent of black babies born with **low birth weight** (15.1 percent) is almost twice that of white babies (7.6 percent). Nationally, black mothers in every age category (not just teens) have a greater risk of losing their babies than white mothers of similar age. College-educated black women also experience a disparate rate of infant deaths. Planning pregnancy and receiving early and adequate prenatal care are steps toward improvement, but not the only solutions. South Carolina is one of four states to receive federal funds to

implement strategies targeted toward reducing the racial disparity in infant mortality. DHEC is implementing activities within the Waccamaw Public Health District, which has the highest black infant mortality rates in the state, to expand and develop community and health care provider capacity to reduce risks of low birthweight and infant deaths. For more on infant death rates, see pages 33 and 63.

► <http://www.scdhec.gov/mch>



## VACCINE PREVENTABLE DISEASES AN ONGOING CHALLENGE

**Influenza** (the flu) and pneumonia together are the eighth leading cause of death in South Carolina, claiming 756 residents ages 65 and older in 2003. Influenza epidemics cause an average 36,000 deaths and more than 200,000 excess hospitalizations annually in the United States. The primary option for reducing the effect of influenza is taking the flu vaccine, either as the shot or the nasal spray.

Those who neglect or refuse to get flu shots include a disproportionate number of minorities. Minorities, especially those who aren't fluent in English, are less likely to know or be informed by a physician that they need a flu shot every year. Raising flu vaccination rates among minorities will require shattering some myths, especially the biggest myth of all, that the vaccine causes flu.

Some of DHEC's influenza prevention strategies include health care provider education, community and coalition collaborations to establish nontraditional



# HEALTH

vaccination sites, increasing access to vaccinations through reminder/recall interventions and use of standing orders, and efforts to increase public awareness about the flu. For more on immunization rates among seniors see pages 39 and 76.

► <http://www.scdhec.gov/immunization>

► Jesse Greene: [greeneye@dhec.sc.gov](mailto:greeneye@dhec.sc.gov) • (803) 898-0460

## ONGOING CHALLENGES, NEW APPROACHES

### OBESITY A RISK FACTOR FOR MAJOR HEALTH CONDITIONS

The problem of **obesity** affects all demographics in South Carolina. The statistics, self reported by South Carolinians in the Behavioral Risk Factor Surveillance Survey, are disturbing:

- Three of five adults in South Carolina are either overweight or obese.
- Seven out of 10 black adults in South Carolina are overweight or obese.
- More than half of all South Carolinians do not get adequate amounts of physical activity or are totally inactive.



- Nearly two-thirds of blacks in the state do not get adequate amounts of physical activity or are totally inactive.
- Nearly half of all youth in South Carolina watch more than two hours of television per day. Almost two-thirds of black youth in South Carolina watch more than two hours of television per day.

The prevalence of adult obesity in South Carolina costs approximately \$1 billion in medical expenditures, with about half the costs funded by Medicare and Medicaid.

DHEC is implementing the second year of a grant that addresses obesity issues. Efforts continue to focus on balancing caloric intake and expenditure, increased fruit and vegetable consumption, increasing breastfeeding, increasing physical activity and decreasing TV/computer time. The grant coordinates a statewide partnership to address obesity prevention and control with representatives from nonprofit organizations, academia, health care and private partners targeting community organizations, schools, health care settings and work sites. The goal is to develop a statewide, comprehensive plan with specific goals and activities to address obesity prevention and control. For more on obesity prevention activities, see page 8. For lifestyle behavior data, see page 72.

► <http://www.scdhec.gov/cvh>

► Erika Kirby: [kirbye@dhec.sc.gov](mailto:kirbye@dhec.sc.gov) • (803) 545-4476

### MORE TESTING CAN CURB HIV EPIDEMIC

The HIV epidemic remains dynamic throughout urban and rural South Carolina. Unlike other major diseases, HIV mostly affects adults ages 18-44 years who are in their most productive working years.

The number of new infections diagnosed each year appears to be level, but people are still being diagnosed late in their disease. Thirty-seven percent first find out they have HIV less than one year before AIDS diagnosis.

Race and ethnicity are not the lone risk factors for HIV infection. However, African-Americans are more likely to face challenges linked with HIV risk, such as poverty, substance use, denial and stigma, and are more likely to have sexual partners at risk. New approaches to fighting HIV include urging more HIV testing in both medical and community settings for early diagnosis and entry into treatment and prevention services. New rapid HIV tests delivered by community organizations and local health departments will help reach people earlier in South Carolina.

#### *Additional resources:*

American Cancer Society

► <http://www.cancer.org>

Centers for Disease Control and Prevention  
Office of Minority Health

► <http://www.cdc.gov/omh/default.htm>

National Institutes of Health

► <http://nih.gov/>

## GOAL *Assure Children and Adolescents Are Healthy*

### PLANNING FOR PREGNANCY IMPROVES BABY'S HEALTH

Women who became pregnant when they did not want to be pregnant at all (called unwanted pregnancy), or who did not want to become pregnant at that time (called mistimed pregnancy), together make up the total number of women considered to have had an **unintended pregnancy**. Women who are unintentionally pregnant are less likely to take care of themselves and their child, and might have a greater chance of having a baby who is not healthy at birth. In 2003, the most current year for which data are available, 47.5 percent

of women in South Carolina giving birth became pregnant unintentionally, the same percentage as in 2002. Black women were 41 percent more likely than white women to have an unintended pregnancy (51.4 percent for black women compared with 30.1 percent for white women). The state is far from the Healthy People 2010 goal for the nation of no more than 30 percent of pregnancies to be unintended.

► <http://www.scdhec.gov/mch>

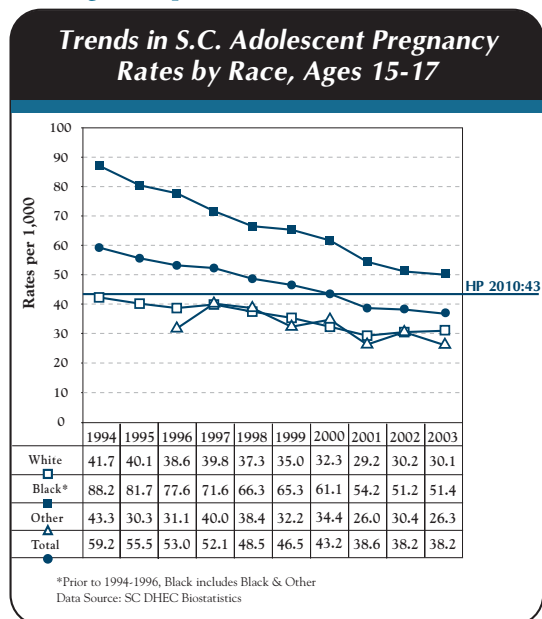
# HEALTH

## TEEN PREGNANCY DROPS

The **pregnancy rate among teens** 15-17 in South Carolina remained at 38.2 per 1,000 teens in 2003, the same as in 2002. From 1996 through 2003, the rate decreased 22 percent for white, 34 percent for black, and 15 percent for other teens. (The numbers for other racial and ethnic teens are very small, decreasing from 41 to 35 pregnancies from 2002 to 2003.) The pregnancy rate for black teens is still considerably higher than for white teens, but encouragingly, the disparity is decreasing over time. For more information on teen pregnancy, see page 64.



► <http://www.scdhec.gov/co/phsis/biostatistics>



## EARLY AND CONTINUOUS PRENATAL CARE IMPORTANT FOR PREGNANT WOMEN

Early and continuous **prenatal care** is important for all pregnant women for their own well-being as well as that of their growing fetus. The percent of all women entering prenatal care during the first three months of pregnancy has decreased recently in South Carolina, while the gap between black and white women accessing care early remains unchanged (see data, page 63). In 2003, 76 percent of all pregnant women began their prenatal care in the first trimester (80 percent for white and 69 percent for black women and women of other racial and ethnic minorities).

The state is far from the Healthy People 2010 goal for the nation of 90 percent. The state is also far from the 2010 goal of 90 percent of pregnant women receiving adequate prenatal care (an appropriate number of visits). In 2003 in South Carolina, 73 percent of all pregnant women received adequate care (76 percent for white women and 68 percent for black and other women).



► <http://www.scdhec.gov/mch>

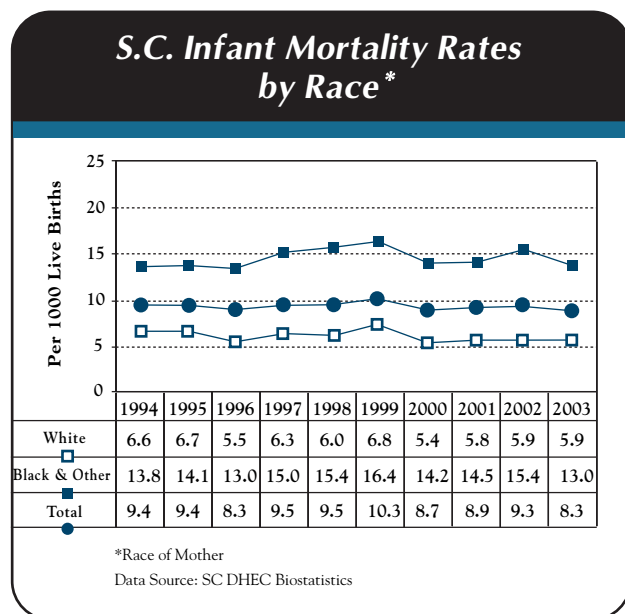
## INFANT DEATH RATES IMPROVE

South Carolina's **infant death** rate decreased in 2003, when 8.3 infants died for every 1,000 live births, compared with 9.3 in 2002 and 8.9 in 2001. South Carolina remains above the United States rate of 7.0 (in 2002) as well as the Healthy People 2010 goal for the country of no more than 4.5 deaths per 1,000 live births.

The 2003 infant mortality rate represents a 10.8 percent decrease from the 2002 rate of 9.3. This is due in large part to a 15.6 percent decrease of infant deaths among blacks and other racial and ethnic minorities, which are down from 15.4 per 1,000 live births in 2002 to 13.0 in 2003.

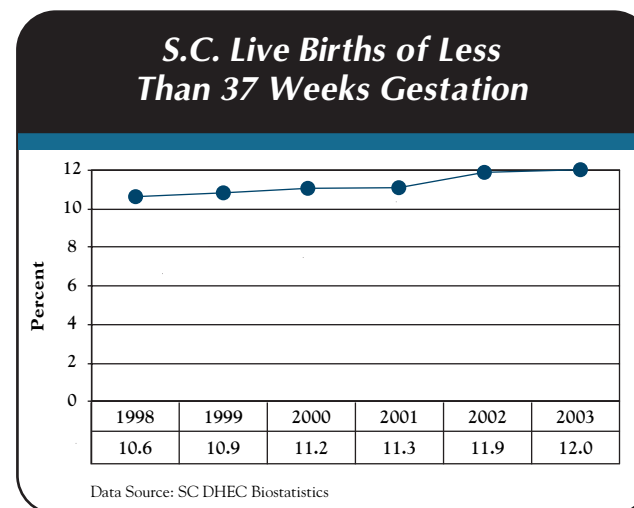
► <http://www.scdhec.gov/omh>

► <http://www.scdhec.gov/co/phsis/biostatistics>



## PREMATURITY INCREASING

Babies born too early (before 37 weeks' gestation) are more likely to die early or suffer lifelong consequences, and cost society millions of dollars each year in additional hospitalization and medical care. In South Carolina, the percent of **premature babies** is increasing, rising to 12 percent in 2003 from 10.6 in 1998. The March of Dimes with DHEC as a strong partner has implemented a Premature Birth Campaign in South Carolina. The goals are to raise awareness of the problem of prematurity and to decrease the preterm birth rate in the state. A first step is to assure that all pregnant women know and understand the signs and symptoms of preterm labor. DHEC continues to promote delivery of the most high-risk infants in Level III hospitals, which have Neonatal Intensive Care Units and provide the best chance at a healthy life.





# HEALTH

## MORE NEWBORN SCREENING TESTS APPROVED

Through newborn screening, all infants are tested at birth for certain disorders that cause mental retardation, abnormal growth and even death. In November 2004, DHEC approved and added tests for 24 rare, but potentially serious, disorders to the six tests already performed on newborns, making South Carolina's screening program one of the most comprehensive in the nation. Since the new test panel has been implemented, all newborns in South Carolina are tested for cystic fibrosis, biotinidase deficiency, congenital hypothyroidism, congenital adrenal hyperplasia, hemoglobinopathies like sickle cell disease, galactosemia and many other disorders caused by defects in the way the body uses fats and amino acids.



► <http://www.scdhec.gov/mch>

► Kathy Tomashitis: [tomashkf@dhec.sc.gov](mailto:tomashkf@dhec.sc.gov) • (803) 898-0619

## NEWBORN HOME VISITS LACKING STAFF

**Postpartum newborn home visits** to the Medicaid population in South Carolina can make a positive difference in outcomes for newborns and are a cost-effective element of health care for this population. Under this program, Medicaid pays for a post-hospital-discharge home visit to assess the

environmental, social and medical needs of Medicaid-eligible infants as well as the family planning and other maternal health assessments and education needs of the mother. In home visits, nurses can identify infant problems early, such as poor weight gain, heart murmurs that develop after the first few days, or blood pressure problems in the mother. Nurses also can help the family find a medical home for the infant and stress the importance of well child care visits and immunizations. They also can assure that postpartum mothers receive their six weeks checkup and obtain family planning guidance. While the state target is for 90 percent of all Medicaid newborns discharged from a hospital to receive a newborn home visit within three days, in 2003, only about 51 percent—down from 69 percent in 2002—received a visit, primarily because of DHEC's critical nursing shortage.



► <http://www.scdhec.gov/mch>

## IMMUNIZATION OF 2-YEAR-OLDS REMAINS HIGH

DHEC administers the federal Vaccines For Children (VFC) Program under the name S.C. Vaccine Assurance For All Children (VAFAC) Immunization Partnership. Under this program, eligible children and adolescents can receive publicly funded vaccines in participating health care providers' offices. This program promotes a medical home for children by making disease-preventing vaccines available in the offices of enrolled private physicians' practices. Currently more than 600 practices are enrolled in the program, representing 99 percent of the pediatric practices in the state, many family medicine

# SC DHEC 2005

practices, all community health centers and public health clinics, and most college and university health centers. DHEC's primary roles are to ensure an appropriate vaccine supply to enrolled providers, update immunization education of all health care providers, conduct vaccine preventable disease surveillance and epidemiology, and ensure immunization practice standards are being met to continually improve the immunization coverage levels of the state's children and adolescents. At 80.3 percent, South Carolina ranked third among U.S. states for estimated immunization coverage among children 19-35 months, according to the Centers for Disease Control and Prevention's National Immunization Survey. For more immunization information, see page 76.

▶ Jesse Greene: [greeneye@dhec.sc.gov](mailto:greeneye@dhec.sc.gov) • (803) 898-0460

▶ <http://www.scdhec.gov/immunization>

## UNINTENTIONAL INJURIES LEADING CAUSE OF CHILDHOOD DEATHS

Unintentional injuries (commonly known as accidents) kill more children in South Carolina than any other cause of death. From 1993 through 2003, 2,781 children 19 years and under died in South Carolina from unintentional injuries. During that time period, the death rate was 23 per 100,000 children from birth to 19 years (see more child accidental death data, page 63).

DHEC's Division of Injury and Violence Prevention coordinates efforts to reduce deaths from some of the top causes of unintentional injuries in children through the:

- Child Passenger Seat Program, which provides child passenger seat distribution and education to reduce unintentional death and injuries of young children;

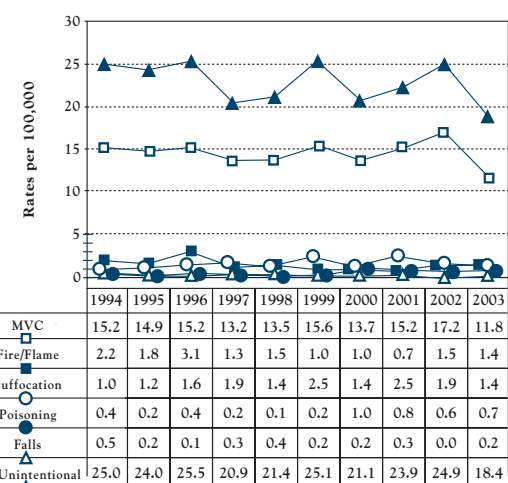


- Traumatic Brain Surveillance Program, which provides useful population-based hospital discharge data to support the need and effectiveness of programs such as the Child Passenger Seat Program;
- Residential Fire Injury Prevention Program, which provides smoke alarm installation and fire safety education to the families of children under 5; and
- Child Fatality Advisory Committee, which provides annual statistical studies of the incidences and causes of child deaths in the state. This information is used to develop effective programs to reduce unintentional fatal injuries among children.

▶ <http://www.scdhec.gov/injury>

▶ Lou-Ann Carter: [carterlp@dhec.sc.gov](mailto:carterlp@dhec.sc.gov) • (803) 898-0314

### S.C. Unintentional Injuries Children 0-19



Data Source: SC DHEC Biostatistics

# HEALTH

## ONGOING CHALLENGES, NEW APPROACHES

### FAMILIES NEED MEDICAL, DENTAL HOMES

All families should receive ongoing comprehensive care within **medical and dental homes** that are accessible, family-centered, continuous, coordinated, compassionate and culturally appropriate. Over the past few years, DHEC has been moving from providing primary and specialty medical care to developing partnerships with private/public medical and dental providers to provide those services to families. The state's medical and dental providers' ability to serve families had initially increased, but over the past few years, the number of partnerships has declined. The decline is due, in part, to DHEC losing staff needed to establish and support partnerships.

DHEC has developed partnerships with pediatricians, family practice physicians, obstetricians, specialty physicians, dentists and dental hygienists. Additional links have been made with community providers, schools and other organizations. These partnerships support primary medical providers by providing families and clients with complementary support services of public health staff in nursing, social work, nutrition and health education.



### *Additional Resources:*

CareLine (information and referral to maternal and child health services)

► 1-800-868-0404

#### Healthy Infants

► [www.modimes.org](http://www.modimes.org)

► [http://www.cdc.gov/nccdphp/drh/prams\\_sc.htm](http://www.cdc.gov/nccdphp/drh/prams_sc.htm)

► <http://www.childbirth.org>

► <http://www.healthystartassoc.org>

#### Teen Pregnancy Prevention

► <http://www.freeteens.org>

#### Prenatal Care

► <http://www.healthystart.net>

#### Access to Health Care

Child Health Insurance Program, Partners for Healthy Children

► 1-888-549-0820

#### American Academy of Pediatrics

► <http://www.aap.org>

#### Children's Defense Fund

► <http://www.childrensdefense.org>

#### Henry J. Kaiser Family Foundation

► <http://www.kff.org>

## GOAL

*Increase the Quality and Years of Healthy Life for Seniors*

### PREVENTIVE HEALTH KEY TO HEALTHY SENIOR POPULATION

Poor health is not an inevitable consequence of aging. By taking preventive steps, more South Carolinians in their 70s, 80s and 90s enjoy independent, active living with minimal health problems. Many older adults, however, still suffer unnecessarily from chronic and infectious diseases, injuries and functional limitations that are avoidable or can be delayed. Scientifically proven measures, such as increased physical activity, can improve health, reduce the impact of disease and delay disability and the need for long-term care. Public health professionals and citizens alike should continue promoting and adopting preventive steps so that more South Carolinians can enjoy healthy aging.

### SENIOR POPULATION GROWING

Mature adults—those 65 and older—outpaced other age groups with a 33 percent growth rate between 1990 and 2000. In 2000, South Carolina boasted 485,300 residents 65 and older. The mature adult population has increased by approximately 100,000 each decade from 1950 to 1990 and by 90,900 from 1990 to 2000, representing an overall increase of 322 percent. An astonishing growth in the numbers of South Carolina residents over 85 parallels the national trend. In 1950, their numbers totaled 4,193. By 2000, there were 50,269, or 12 times the number in 1950. By the year 2025, estimates are that the number of people over 85 will reach 98,609, representing a 96 percent increase from 2000. By 2015, South Carolina's mature adult population is expected to make up one-third of the state's residents.





# HEALTH

## LONG-TERM CARE COSTLY

Preventive steps are important measures because the growing population of older adults places increased demands on the health care system. Seniors are the most frequent users of health care services in the state. Growth in the senior population needing long-term care and health care, the diminishing capacity of family members to provide long-term care, changes in medical technology and rising health care costs have resulted in increasing obligations for federal and state governments, as well as for families.

The cost of health care in institutions can be staggering. One year in a nursing home can cost from \$35,000 to \$45,000. Medicaid bears the major portion of these expenses. With the state's economy, future reimbursement costs for nursing homes will be a challenge. Research shows that measures such as physical activity can prevent or delay disability and the need for long-term care.

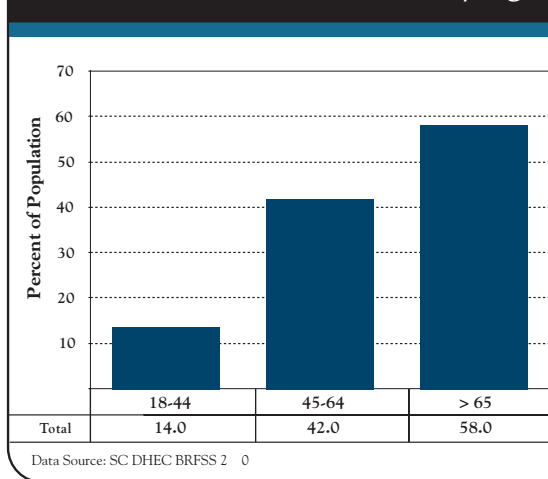


## ARTHRITIS THE LEADING CAUSE OF DISABILITY

**Arthritis** and other rheumatic conditions remain among the most common chronic conditions and are the leading cause of disability in the United States. Thirty percent of South Carolina adults have doctor-diagnosed arthritis. Of those with arthritis, 37 percent have activity limitation from chronic joint symptoms. While arthritis is not limited to seniors, the prevalence increases with age. Nearly 60 percent of South Carolina adults ages 65 and older have arthritis. Activity limitation is also higher among older age



*Prevalence of Arthritis in S.C. by Age*



# SC DHEC 2005

groups. Some forms of arthritis can be prevented. For example, weight control and injury prevention lower the risk for developing osteoarthritis. Physical activity can lower the risk of getting arthritis as well as improve the quality of life for those who have arthritis. For any form of arthritis, early diagnosis and appropriate management can reduce symptoms, lessen disability and improve quality of life.

S.C. Arthritis Prevention and Control Program

► <http://www.scdhec.gov/arthritis>

► Gwen Prestidge: [prestidgf@scdhec.gov](mailto:prestidgf@scdhec.gov) • (803) 898-0760

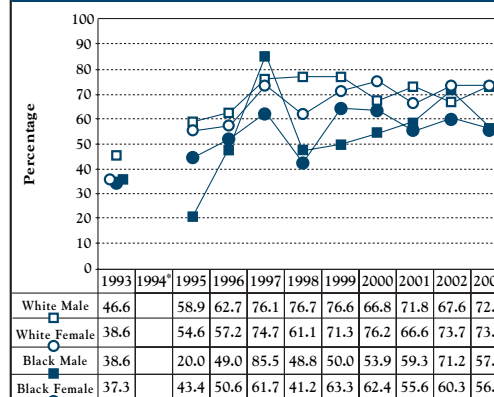
## INFLUENZA (THE FLU) AND PNEUMONIA TAKE TOLL ON SENIORS

**Influenza** (the flu) and pneumonia combined are the eighth leading cause of death in South Carolina, claiming 756 residents ages 65 and older in 2003. Nationally, about 36,000 deaths a year are attributed to flu. Ninety percent of deaths from the flu occur among people ages 65 and older. Medicare costs for influenza-related hospitalizations in the United States can reach \$1 billion each year. A one-time dose of pneumonia vaccine and annual flu shots are the primary methods for preventing these diseases and their severe complications. For U.S. comparison, see page 76.

► <http://www.scdhec.gov/immunization>

► Jesse Greene: [greeneye@dhec.sc.gov](mailto:greeneye@dhec.sc.gov) • (803) 898-0720

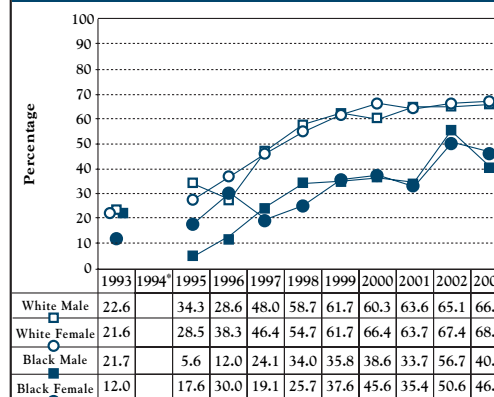
### Prevalence of Influenza Vaccine (Within Past 12 Months) Among S.C. Residents Ages 65+



Data Source: SC DHEC BRFS

\*Question not asked on 1994 survey  
US rate=69.9 (2003)

### Prevalence of Pneumonia Vaccine (ever) Among S.C. Residents Ages 65+



Data Source: SC DHEC BRFS

\*Question not asked on 1994 survey  
US rate=64.5 (2003)

# HEALTH

## CARDIOVASCULAR DISEASE, DIABETES CAN BE PREVENTED

**Cardiovascular disease** and **diabetes** are serious chronic diseases. Cardiovascular disease is the leading cause of death in the nation and in South Carolina, and 65 percent of deaths in people with diabetes are caused by cardiovascular disease. Diabetes is more prevalent among older South Carolinians and African-Americans. South Carolina is ranked fourth in the nation for prevalence of diabetes and second in the nation for prevalence among African-Americans. Regardless of race or ethnicity, diabetes prevalence increases with age. In South Carolina, people over 55 years of age have the highest prevalence rates of diabetes in the state: 7 percent to 8 percent higher than those in the 45- to 64-year-old age group. In addition, deaths from diabetes and cardiovascular disease increase dramatically with age. People 65 and older have almost 4.5 times higher death rates from diabetes and almost 5.5 times higher death rates from cardiovascular disease than those in the 45- to 64-year-old age group.



Both cardiovascular disease and Type 2 diabetes can be prevented or delayed by following simple guidelines, but translating these guidelines into action and behavior changes has proven very complex. For example, just a small weight loss of 7 percent can prevent or delay Type 2 diabetes in people at highest risk for the disease. For information on the racial disparities in diabetes and cardiovascular disease, see pages 9, 24 and 27. For information on the S.C. Diabetes Prevention and Control Program, see page 9.

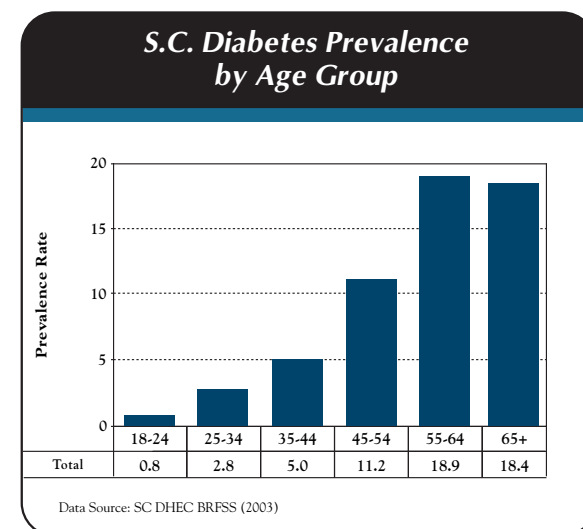
S.C. Division of Cardiovascular Health

► <http://www.scdhec.gov/cvh>

S.C. Diabetes Prevention and Control Program

► <http://www.scdhec.gov/diabetes>

► Rhonda Hill: [hillrl@dhec.sc.gov](mailto:hillrl@dhec.sc.gov) • (803) 545-4469



## CANCER HIGH AMONG SENIORS

As age increases, the risk of cancer increases. For all types of cancer combined, the incidence rate is almost nine times higher for adults ages 65 and older than for the population ages 64 and younger. For specific types of cancer, this difference is even more marked: The rate of prostate cancer is almost 17 times higher among the older age group, the rate of lung cancer is almost 12 times higher, and the rate of colon cancer is 12 times higher. Ninety-two percent of colon cancers are diagnosed among adults 50 years and older.

Racial disparities among older adults are not marked except for **cervical** and **prostate cancer**. The incidence rate of cervical cancer among black women ages 65 and older is 37.3 per 100,000 women compared with 11.8 per 100,000 for white women of the same age group (three times higher). The incidence rate of prostate cancer among black men ages 65 and older is 1,500.6 per 100,000 compared with 854.5 per 100,000 for white men of the same age group (1.75 times higher). Likewise, the death rate is significantly higher for older black men than for white men. For all types of cancer combined, the incidence rates for blacks and whites ages 65 and older are essentially the same (2,103.6 per 100,000 versus 2,099.3 per 100,000, respectively). For more on racial disparities in cancer, see pages 25-26.

## EARLY DETECTION CAN REDUCE DEATHS FROM BREAST CANCER AMONG SENIORS

Among South Carolina seniors, the **breast cancer** death rate for women ages 65 and older is nearly 7.7 times higher than the rate for women under the age of 65. The death rate for black women ages 65 years and older is 12 percent higher than for white women in the same age group. However, among women under 65 years old, the breast cancer death rate for blacks is 83 percent higher than for white women. The incidence rate for female breast cancer is comparable for white and black women ages 65 and older.

Early detection through screening is the best way to reduce the risk of death from female breast cancer. Screening methods for early detection include self-breast exam, clinical breast exam and mammography. Clinical breast exams are part of annual exams. Starting at age 40, women should have mammograms every two years. Women should perform breast self-exams monthly. In addition to screening, improvements in lifestyle factors can help reduce the risk of female breast cancer.

► <http://www.scdhec.gov/cancer>

► Irene Prabhu Das: [prabhudi@dhec.sc.gov](mailto:prabhudi@dhec.sc.gov) • (803) 545-4103

## FALLS LEADING CAUSE OF INJURY AMONG SENIORS

**Falls** are the number one cause of injury among seniors. Other **unintentional injuries** and injuries from **motor vehicle crashes** are second and third for this population. Among older adults, falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions for trauma. Risk factors related to falls in the senior population are lower body weakness, problems with walking and balance and inappropriate management of medication. Falls can be prevented through regular physical activity to increase lower body strength and improve balance. Another fall prevention method is for doctors and pharmacists to review individuals' prescriptions and over-the-counter medications to reduce side effects and interactions.



Division of Injury and Violence Prevention

► <http://www.scdhec.gov/injury>

► Lou-Ann Carter: [carterlp@dhec.sc.gov](mailto:carterlp@dhec.sc.gov) • (803) 898-0314



# HEALTH

## SENIOR POPULATION AT RISK FOR SUICIDE

In the United States, **suicide** is the 11th leading cause of death across all age groups. However, according to the 2002 Institute of Medicine Report, “Reducing Suicide; A National Imperative,” men 75 years of age and older have one of the highest suicide rates among all age groups. Men account for four out of five completed suicides among those older than 65.

Seniors are far more likely to complete suicide attempts than are younger age groups. In addition to overt suicide attempts, the elderly often exhibit subtle behaviors, such as a refusal to eat or drink and noncompliance with medical treatment. Depression, serious illness, bereavement and social isolation are risk factors for suicide among the elderly population. The effect of spousal loss is most pronounced in older males.

## ONGOING CHALLENGES, NEW APPROACHES

### HEALTHY COMMUNITIES LEAD TO HEALTHY AGING

Communities can assist in healthy aging by making environments safe, more activity-based and accessible to seniors. Planning should include creating communities with bike paths, sidewalks and neighborhood grocery stores.

Safer communities and mass transportation are central issues for our aging population because they provide basic access to services that younger South Carolinians take for granted.



Communities can assist their aging population by assuring that supports and services are available to promote healthy behaviors and health improvements. Senior citizens should be involved in any efforts to conduct community planning that promotes increasing activity levels and independence for older residents. Social supports, such as volunteer opportunities, also provide a way for seniors to contribute to their communities while others gain from their knowledge and experience. Initiatives should focus on enabling senior residents to age in place while maintaining the quality and years of their lives. Safe, senior-focused housing is needed and can be encouraged by working with developers to assure larger door openings, allowing wheelchair accessibility in homes and showers. Adaptations are easily made for door handles, and ramps allow quick movement in the event of a fire or health emergency.

## INSTITUTIONAL ALTERNATIVES DESIRED

DHEC's **Health Regulations** deputy area monitors the health and safety of residents and patients of health care facilities and services throughout South Carolina, including adult day care centers, nursing homes, home health agencies and community residential care facilities. More than 40 nursing homes in South Carolina are implementing elder center homelike initiatives. Many facilities that have implemented these initiatives have experienced a reduction in staff turnover rates, use of medication and infection rates.



## SC DHEC 2005



As South Carolina's aging population continues to increase and, consequently, the need for long-term care services increases, innovative models of care to help keep seniors in their homes and communities are needed. One such model is **PACE**, the Program of All-Inclusive Care for the Elderly. PACE takes many familiar elements of the traditional health care system and reorganizes them in a way that makes sense to families, health care providers and the government programs and others that pay for care.

► <http://www.scdhec.gov/hr/licen/hrtypfac.htm>

### ***Additional resources:***

Lt. Governor's Office on Aging

► <http://www.state.sc.us/lsgov/aging/index.html>

► (803) 734-9900

Health care facilities licensed by DHEC Health Regulations

► <http://www.scdhec.gov/hr/licen/hrtypfac.htm>

Eden Alternative

► <http://www.edenalt.com>

The National Council on Aging

► <http://www.ncoa.org>

AARP

► <http://www.aarp.org>

The American Cancer Society

► <http://www.cancer.org>

► (800) 227-2345